

**Credit Card Authorization Form**

Credit Card Type: VISA \_\_\_\_ | MASTERCARD \_\_\_\_ | AMEX \_\_\_\_

Account Type: Personal \_\_\_\_ | Business \_\_\_\_

Company Name \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Verification Code (The three or four digit number on signature panel) \_\_\_\_\_

**AUTHORIZATION OF CARD USE**

I, \_\_\_\_\_, authorize Prologue Vision LLC to charge my credit card.

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Monthly Auto Pay

One-time Charge:

5% when you pay on ship:

Card ran on 15<sup>th</sup> and 31<sup>st</sup>

Cannot be combined with any other discounts or specials

17817 Davenport Rd. #225, Dallas, TX 75252

[www.tc-charton.com](http://www.tc-charton.com) | T: (972) 733-0108 | F: (972) 733-0103 | E: [info@prologuevision.com](mailto:info@prologuevision.com)

Toll Free: (855) 707-0220